



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20418

RQ-2

Robert Borchardt, Treasurer
Health Plan PAC of the American Assoc. of
Health Plans FKA Group Health Assoc.
of Amer. PAC
1129 20th Street, NW, #600
Washington, DC 20036

DEC 26 2002

Identification Number: C00106740

Reference: October Quarterly Report (7/1/02-9/30/02)

Dear Mr. Borchardt:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) prohibit a committee and its affiliates from receiving any contribution from another political committee or person in excess of \$5,000 per calendar year.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you must amend your original report with the clarifying information.

If any contribution you received exceeds the limits, you may have to refund the excessive amount. The funds can be retained if within 60 days of receipt, (1) the excessive amount was properly reattributed to another person, such as a joint account holder, by obtaining signed written authorizations from each person making the contribution pursuant to 11 CFR 110.1(k)(3), and (2) the treasurer informs the person making the contribution that he or she may request the return of the excessive portion of the contribution if it is not intended to be a joint contribution. Any request from a donor for a refund must be honored.

Alternatively, the funds can be retained if within 60 days of receipt you (1) transferred the excessive amount to an account not used to influence federal elections, and (2) provided written notice to the person making the contribution of the option of receiving a refund. Any request from a donor for a refund must be honored.

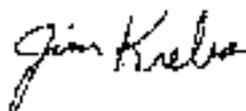
If the foregoing conditions for reattributions or transfers to a non-federal account were not met within 60 days of receipt, the excessive amount must be refunded.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for any transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Jim Krebs
Campaign Finance Analyst
Reports Analysis Division

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 9 / 17	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

A. Full Name (Last, First, Middle Initial)
EMPIRE HEALTHCHOICE POLITICAL ACTION COMMITTEE

Mailing Address
11 West 42nd Street

City State Zip Code
New York NY 10036

FEC ID number of contributing federal political committee: C00365064

Name of Employer Occupation

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
5000.00

contribution

Transaction ID: SA11C.50B2

B. Full Name (Last, First, Middle Initial)
HIGHMARK HEALTH PAC

Mailing Address
1800 Center St

City State Zip Code
Carron Hill PA 17089

FEC ID number of contributing federal political committee: C00302844

Name of Employer Occupation

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
5000.00

contribution

Transaction ID: SA11C.50B4

C.

SUBTOTAL of Receipts This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	10000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 24 / 33	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (in Full)
HEALTH PLAN PAC OF THE AMERICAN ASSOC OF HEALTH PLANS FKA GROUP HEALTH ASSOC OF AMER PAC

Full Name (Last, First, Middle Initial) A. AETNA		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2002	
Mailing Address 151 Farmington Ave. RE6A		Amount of Each Receipt this Period 5000.00	
City Hartford	State CT	Zip Code 06156	contribution
FEC ID number of contributing federal political committee.			
Name of Employer	Occupation		
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		Transaction ID: SA11C.4756

Full Name (Last, First, Middle Initial) B. HIGHMARK HEALTH PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2002	
Mailing Address 1800 Center St.		Amount of Each Receipt this Period 1000.00	
City Camp Hill	State PA	Zip Code 17089	contribution
FEC ID number of contributing federal political committee. C00302844			
Name of Employer	Occupation		
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		Transaction ID: SA11C.4736

Full Name (Last, First, Middle Initial) C. PACIFICARE PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2002	
Mailing Address 3120 Lake Center Dr.		Amount of Each Receipt this Period 5000.00	
City Santa Ana	State CA	Zip Code 92769	contribution
FEC ID number of contributing federal political committee. C00240903			
Name of Employer	Occupation		
Receipt For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		Transaction ID: SA11C.4739

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	11000.00

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OK

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